2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

DOCUMENT # P04000169235 1. Entity Name MACEDO ROOFING, INC.				05-03-2006	5 90256 021 ***150.	.00	
Principal Place of Business 3755 PALM AVENUE MICCO, FL 32976 Mailing Address 3755 PALM AVENUE MICCO, FL 32976						KI NO 1 IL 1 N	
2 Principal Place of Business . 3 Mailing Address . 3 Mailing Mailing . 3 Mailing			BLVD.	04242006 Chg-P	CR2E034 (11/05)		
SIVARI, FLORINA SIVARI, FLORINA			 Έλα	4. FEI Number 20-2055922	Ar	oplied For	
34994	B.A.	34994	Country VSA	5. Certificate of Status Desire	\$9.75	titional	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Ne	w Registered Agent		
MACEDO, MARINO 3755 PALM AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
MICCO, FL 32976							
			City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when renstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO C			
NAME STREET ADDRESS CITY-ST-ZIP	MACEDO, MARINO 3755 PALM AVENUE MICCO, FL 32976	U z o Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCEDO, MARZNO 15 NORFOLK BLVD TUART, KL. TVIOU	√ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACEDO, MARINO 3755 PALM AVENUE MICCO, FL 32976	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKEDO, MARINO 95 NURKIK BLYDIN	(L∕ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIKI Juni III	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. The easy definity man the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amarino Morculo

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